

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

APPLICATION FOR APPROVAL OF A MESSAGE THERAPY SCHOOL

(Print or Type)

FEE: \$100.00 or \$25.00 dollars if your
license is issued within 180 days of the
renewal

SECTION A - SCHOOL INFORMATION (All applicants must complete this section)

1	School Name:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			
4	What is the Anticipated Opening Date ?	Date:		

SECTION B - OWNER/BOARD OF DIRECTORS OF THE SCHOOL (All applicants must complete this section)

1	Owner Name:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Is the Owner licensed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what profession:
	License Number:	State in which license is held:		

THE FOLLOWING DOCUMENTATION IS REQUIRED FOR SUBMISSION WITH THE APPLICATION:

	A curriculum plan which lists all of the subjects offered for completion of the massage therapy course of study;	
A copy of the syllabus for each subject taught, to include the information contained in the column to the right [Complete this information On Attachment A1 or you May use your own document)		Title of course;
		Instructor's Name;
		Hours associated with each subject;
		Description of course;
		Course objectives;
		Text books and Resource or Supplement References
		Grading System; and
		Week by Week or day by day class schedule.
	The name of each staff person, including identification of a school manager; and a resume, vita or similar documentation for each;	
	A school handbook or school bulletin;	
	A copy of the rules of the school;	
	A detailed floor plan or blueprint of the proposed school building;	
	A statement confirming application for minimal property damage, personal injury, and liability insurance coverage for the proposed school; and	
	A schedule of proposed hours of school operation.	

Please allow up to 30 days for inspection after you have been notified that the application is complete, the inspector will contact you by telephone and set up an inspection date/time. A school can not operate until a license is issued by the Department.

NOTE: Licenses expire November 1st of odd-numbered years.

SECTION C – LICENSED PHYSICIAN (The proposed school must have regularly licensed physician (current license to practice medicine and surgery or Osteopathic Medicine) affiliated with the staff)

1	Physician's Name:	First:	Middle/MI:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	License Number:	State Licensed In:		
	Type of License:	<input type="checkbox"/> Medicine/Surgery	<input type="checkbox"/> Osteopathic Medicine	

SECTION D – MESSAGE THERAPIST(S) AND MANAGER EMPLOYED BY SCHOOL

List the Name(s) of Instructor(s) below:				License Number	State Licensed
1	First:	Middle:	Last:		
2	First:	Middle:	Last:		
3	First:	Middle:	Last:		
4	First:	Middle:	Last:		
5	First:	Middle:	Last:		
List the Name of Manager below:					
1	First:	Middle:	Last:		

SECTION E – HOURS OF OPERATION (List below the hours/days the school is open)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION E – ATTESTATION An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

I further state that:

- ☐ I have not operated this school in Nebraska prior to this application for licensure; **or**
☐ I have operated this school in Nebraska prior to this application for licensure:

_____ number of days prior to July 1, 2004
 _____ number of days after July 1, 2004

 (Signature of Applicant)

_____ date

Massage Therapy Subjects

Name of School: _____

The training offered must include a total of **1,000** hours earned in not less than 9 months. The 1,000 hours must be distributed in the following subject areas:

- A. 300 hours relating to the clinical practice of massage therapy; and
- B. 100 hours of training in each of the following:
 - physiology
 - massage
 - pathology
 - health service management
 - anatomy
 - hydrotherapy
 - hygiene and practical demonstration

You are required to complete a subject syllabus for each subject taught. We have provided space for the required subjects. You may make additional copies.

Subjects

100 hours in Physiology which may include but is not limited to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Anatomy which may include but is not limited to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Massage which may include but is not limited to history of massage, benefits of massage, physiology of massage, equipment and procedures, psychology of massage, interpersonal client contact, relaxation and visualization, proper draping techniques, general guidelines for massage, principles of body massage, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours of Hydrotherapy which may include but is not limited to history, benefits of water treatment, cryotherapy, body wraps, salt glows, body shampoos, hot packs, steam cabinets, dry brushing, therapeutic modalities, methods of cold application, heat therapy, contrast baths, skin contra-irritants, spas, etc.

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Pathology which may include but is not limited to definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring;

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Hygiene (Health wellness) and **Practical Demonstration** which may include but is not limited to physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles & practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control, various massage therapy techniques and demonstration, hands-on training, student clinic hours, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Health Service Management which may include but is not limited to professional ethics, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques, etc.;

Title of Subject:

Instructor's Name:

Total Hours assigned to Subject:

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

300 hours relating to the clinical practice of Massage Therapy shall be obtained in subject areas related to the clinical practice of massage therapy - which may includes but is not limited to reflexology, deep tissue massage, Swedish massage, sports massage, pregnancy & infant massage, physiology & psychology of exercise, acupressure therapy, management techniques, stress & practices, hands-on-training, review of Health histories, documentation, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System: